



## HEPATITIS B VACCINE CONSENT / WAIVER

NAME (PRINT) (LAST, FIRST, MI)	POSITION TITLE
PARK NAME	SEASONAL POSITION TERMINATION DATE

I acknowledge that I have received training in the following areas:

- ☐ Information on the Hepatitis B Virus (HBV)
- ☐ The use of and the requirements for Personal Protective Equipment (PPE)
- ☐ Universal Precautions; and
- ☐ The Washington State Parks Hepatitis B Vaccine Program

I understand:

- ☐ The Washington State Parks Hepatitis B Vaccine Program is voluntary and offered to me at no cost.
- ☐ That a series of three immunizations with HBV vaccine is necessary in order to develop protective antibodies;
- ☐ That I may not be able to develop protective antibodies; and
- ☐ If I have an exposure, I will seek immediate medical attention, regardless of whether I received the vaccination.

☐ I HAVE ALREADY RECEIVED THE HBV VACCINATION

After evaluating the advantages and disadvantages of the vaccine program, based on the training provided, I elect to: (check one)

☐ PARTICIPATE

☐ NOT PARTICIPATE

in the Washington State Parks Hepatitis B Vaccine Program.

*If you have received part of the vaccination or are unsure, check the participate box.  
A medical professional will determine your vaccination protocol.*

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus HBV infection. I hereby affirm that if I elect not to participate in the immunization program at this time, I have the right to request it at another time. My choice not to participate in the Hepatitis B Immunization Program will not compromise my employment status in any way. By signing this form I acknowledge I have received the Hepatitis B Vaccine training and understand the protocol involved with the program.

### SIGNATURE

EMPLOYEE SIGNATURE	DATE
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**COMPLETE AND RETURN TO HUMAN RESOURCES OFFICE ON HIRE DATE**